

WELLNESS CENTER REGISTRATION

SUMMER QUARTER: July 12-October 1, 2004

To Register:

1. Complete this form.
2. Make check/money order payable to the "University of California." **No cash please.**
3. Submit your completed registration form and check to the Wellness Center, MS P955.
4. **IF THERE IS NO FEE**, the form may be faxed to 665-6140.
5. Questions??? Call us at 667-7166 -or- email: wellness@lanl.gov -or- Fax: 665-6140.

| | | |
|--------|-----------|--------|
| Name: | Z#: | Date: |
| Group: | MailStop: | Phone: |
| | | email: |

EXERCISE CLASSES: Fees for exercise classes are based on an 12 week session. Payment must accompany the completed registration form. Registration for less than 12 weeks will not be accepted before the end of the first week of classes. Classes missed because of travel or other commitments may be made up in other classes on a "space available" basis in the same level or lower level class. Registration for other than the 12 weeks will be prorated by the office staff (with the exception of Specialty Classes which are full price).

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| Class Rates for 12 weeks | 9/80 Fri A=\$13.50 B=\$13.50 1X/week = \$27.00 2X/week = \$54.00 | 3X/week = \$81.00 4X/week = \$108.00 5X/week = \$135.00 |
|---------------------------------|---|--|

OTHER ACTIVITIES: Specialty class fees are listed in the brochure. These classes are not prorated; the entire registration fee must be paid in full. Some classes/courses do not have a fee, however a registration form must be completed to be enrolled.

| Class # | Class Name | Circle Days | # Days/Week | Rate | Total \$ Due |
|---------|------------|-------------|-------------|------|--------------|
| | | M T W T F | | | |
| | | M T W T F | | | |
| | | M T W T F | | | |
| | | M T W T F | | | |
| | | M T W T F | | | |

Total Registration Fee Due: _____

For Wellness Center (HSR-2/WC) Use Only

| | | |
|----------------------|----------------|----------------|
| Check/Money Order #: | Receipt Log #: | Staff Initial: |
| Notes/Comments: | | |